

TRANSFORMATIONAL LEADERSHIP IN EMERGENCY DEPARTMENT FOR NURSING STAFF RETENTION

By

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ABSTRACT

Nursing staff retention is an important issue requiring intervention on all levels of hospital management. High nursing staff turnover has immense financial implication on health care organizations as training a novice nurse is more expensive than operating a hospital on experienced personnel. Nursing leadership is a pioneer of development and progression in health care organization. The leadership styles employed by the hospital nursing management have great implications over the nursing staff turnover and retention.

Keywords: Transformational Leadership, Emergency Department and Transformational Leadership, Leadership and Nurse Retention, Emergency Nurse Retention.

INTRODUCTION

Staff retention is nowadays the most important issue faced by health care organizations in the world. Nurses are leaving their jobs for better positions, for change in profession, for higher education – leaving the health care institutes under heavy financial costs. According to Force (2005), it costs \$42,000 and \$ 64,000 to train a novice nurse in medical/surgical unit and Intensive care units respectively. Along with this, hospitals suffer negative effects of constantly changing staff in the long run as indicators of decreased patient satisfaction and quality management of hospitals (Force, 2005). Number of researches are been conducted worldwide to explore reasons for continuous staff turnover. Multiple reasons have been identified as the cause of staff turnover: Aging nurses, poor pay scales, stagnant growth, workload and patient to nurse ratios (Sawatzky & Enns, 2012).

Emergency department (ED) is one of the busiest units in hospitals; frequent staff turnover can result in increased monetary effects and decreased patient care in the health care organization. A multitude of reasons account for increased staff resignations in Emergency departments of the hospitals: unpredictable nature and number of patients' arrival in ED, long working hours, overcrowding, variety of disease processes (Sawatzky & Enns, 2012), and leadership attributes (Raup, 2008) of the first line managers.

In developing world, political conditions of the countries also contribute for staff turnover in ED as nurses feel insecure triaging and caring for influential patients with strong political backgrounds. Among all factors, leadership styles can account for increased retention of bedside nurses in the emergency departments. ED is a critical and highly regulated area of the hospital and requires increased intervention by nursing leaders in the growth of nursing staff for improved patient satisfaction and quality improvement of the hospital (Raup, 2008).

Sullivan & Decker (2000) mentions 4 types of leadership styles: autocratic (centralized power), Laissez faire (freewill with no power), transactional (reward giving) and transformational (empowering staff nurses). Historically, nursing sector has undergone leadership style changes from autocratic style in Florence Nightingale period to transactional style in the current time (Murphy, 2005). However, increased researches suggest that a switch to transformational leadership can result in increased staff retention in Emergency department (Raup, 2008). This position paper will discuss the benefits of Transformational leadership by providing vision and empowering nurses for increased staff retention in the Emergency Department of a private health care organization in Pakistan using the human resource framework coined by Bolman and Deal.

Leadership in Emergency Department of a Private

organization.

The emergency department of a private hospital is a 60 bed unit with 1 Head Nurse, 2 Assistant Head Nurse, 1 Clinical Nurse Instructor, 4 Team leaders 4 patient care coordinators and 150 bedside staff working. Each shift requires 30 staff members inclusive of 21 staff nurses to deal with patients entering the hospital premises. Though the leadership in ED has been decentralized into many small components, an integrated approach of these subsets and their relationship with the bedside nurses is lacking. The style practiced by leaders in ED ranges from autocratic to transactional with monetary benefits in the form of overtime money is presented as a gift for employees working extra shift hours. However, staff involvement in decision making is less and has been reducing to a much smaller extent over the years. The leaders are involved in decision making which are then imposed on the followers without any opinions and discussions - a factor inducing job dissatisfaction. Moreover, staff nurses feel discomfort at the presence of leaders in the area due to the assumption that the leader will criticize rather than appreciate the work being performed. Despite a sociable working environment in ED, the reluctance to approach leaders results in emotional exhaustion. Leaders rarely share the workload of the bedside nurses – one reason being the involvement of increased administrative work load which hampers the leaders to help their staff members (Duffield, Roche, Blay, & Stasa, 2010). Along with this, communication between the staff nurses and leaders on daily unit issues and organizational goals and objectives are also reduced which acts as a medium for staff burnout and eventually staff resignations. The nursing staff feels disintegrated from the unit which results in decreased motivation to work in the unit (Duffield, Roche, Blay, & Stasa, 2010). A formal system of performance appraisal is also practiced in the unit which gives employees a chance to express their opinions but it is not availed by all staff members due to de-motivation and job dissatisfaction.

To add on, there is another side of the leadership problems in the Emergency Department. In addition to the administrative workload, the leaders ranging from head

nurse to the team leaders suffer from lack of power to bring changes. Organizational power plays an important role in promoting effective leadership in any unit (Force, 2005). The first line leaders feel decreased autonomy over the access to reward, penalties, policy generation and decision making. The first line leaders though available to the bedside nurses are incapable to formulate decisions due to less control over the resources (Force, 2005). This decrease of power results in burnout leaders who execute their dissatisfaction to the staff members in the form of criticisms; they become goal oriented and strive for better achievement to impress the higher management without considering its effect on the front line workforce.

Thus the leadership attributes in the Emergency Department of a private hospital need a change for increased staff retention and decrease staff turnover for improved patient satisfaction. Transformational leadership style promotes an effective format for enhanced staff retention in ED. Chain of Ineffective Leadership shows in Figure 1.

Bolman and Deal Human Resource Framework

The human resource framework coined by Bolman and Deal focuses on the relationship of human with the organization. According to this framework, organizations act as schools for human to grow and develop and benefit in monetary terms. Conversely, it also suggests that organizations benefit from humans through their innovative ideas, versatile ideologies and various talents. This framework employs many strategies for human retention including sharing the wealth and empowering the employees as most important aspects of human resource principles. This framework believes in giving autonomy to the employees and involving them in decision making of

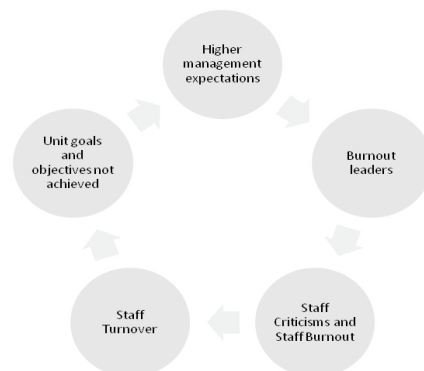


Figure 1. Chain of Ineffective Leadership

the organization. Thus the human resource framework framed by Bolman and Deal provides a strong solution for leadership issues in the ED of a private hospital discussed in this paper.

Transformational Leadership

The concept of transformational leadership was coined by James MacGregor Burns in 1978 (Utley, Anderson, & Atwell, 2011). It is an extension of the transactional leadership style and defines a process whereby the leader and followers strive together for common organizational mission and vision (Utley, Anderson, & Atwell, 2011). Transactional leadership is a relationship of rewards and penalties; it is a strategy to achieve targets and goals necessary for the organization to move in a smooth pace. In contrast, transformational leadership style allows leaders to communicate with the followers and integrate them into important decision making for organizational growth and success (McGuire, & Kennerly, 2006). It also enables the followers to grow professionally and develop confidence in themselves and their leaders for improved organizational progress. Transformational leadership relies on 5 strategies: individualized consideration (knowing employees), intellectual stimulation (encouraging employees), inspirational motivation (recognizing employees), behavioral influence (leader behaviors) and idealized influence (charismatic leaders, Tsaloukidis et al., 2012). It is believed from multiple researches that transformational leadership has many advantages as it results in increased loyalty and commitment among employees, improved job satisfaction and increased staff retention (McGuire, & Kennerly, 2006). The transformational leadership is in coherence with the Bolman & Deal human resource framework for organizations as it entails the human aspect of the organization and believes in developing the workforce of the hospital for better patient outcomes.

The transformational leadership allows the followers to be influenced by their leaders motivational styles to achieve organizational goals, the employees feel motivated to work in environments with challenges and difficult working conditions (Neilson et al., 2008). Front-line staff develops a positive sense of achievement, self worth and self – recognition under transformational leadership (McGuire, &

Kennerly, 2006). Leaders in transformational leadership focus on the employees to respect their ideas and value their viewpoints. This integrative approach can provide a fruitful benefit for the functioning of the organization as it generates versatility in problem solving and decision making (McGuire, & Kennerly, 2006). The leadership traits in ED can be changed using transformational leadership as the foundation for change.

Providing Vision to Employees

Every organization is built on a mission with the vision and goals as the processes to direct an employee to achieve the mission. But who informs the employee about the organization vision? The recruitment interviews are the first medium of delivering the organization vision to the employees. This trend is then followed by the leaders who transmit the organizational vision and goals to their employees on continuous basis for organizational progression.

Transformational leadership style enables a leader to inform the employees about their common vision and goals thus integrating the followers in the progress of the organization (Jackson & Hutchinson, 2012). The strategy of inspirational motivation in transformational leadership facilitates a leader to share the goals and objectives of the institute with the front-line staff (Denston, 2005). Leaders encourage the followers via symbolic or other expressive techniques like 'important purposes', 'develop ways' to follow the common goals (Denston, 2005). Moreover, it provides the followers standards for achieving the mission and vision of the organization. To add on, providing vision to the employees assists them in job satisfaction as it does not lead to goal conflicts and misinterpretation of job expectations (Denston, 2005). The followers feel satisfied which decreases the nurse's burnout as they feel they are an important element of the organization and have recognition and self-worth (Denston, 2005). Since this strategy involves in developing images of the vision of the organization among the employees, the leaders are expected to be realistic in their approach so that front-line staff could be prevented from misunderstanding the objectives of the organization. Staff nurses tend to follow those nurse managers who are clear in their identification

of the organizational goals and are able to convey them to the employees (McGuiree & Kennerly, 2006).

Communication plays a pivotal role in transforming vision from leaders to followers (Murphy, 2005). Leaders are expected to conduct meetings with their staff on daily basis to identify issues and bring employees on the same platform as the leaders. Transformational leaders pursue two-way communication technique as it allows the front-line staff an opportunity to convey their opinions and strategies (Murphy, 2005). It also encourages the staff to owe the organization and take decisions accordingly (Bolman & Deal, 2008). Furthermore, the communication technique emerges a collaborative environment where the leaders and followers work for the same goals and objectives thus benefitting the organization. Moreover, nursing staff appreciate the involvement of the visionary leaders who are approachable and provide immense social support through meetings and daily discussions (Force, 2005). Communication allows the leaders to coach and mentor the staff thus creating second line leaders in the bedside nurses.

Leaders in the private hospitals require an increased indulgence in regular staff meetings to convey the goals of the unit and identify the barriers to growth. ED leaders should discuss patient outcomes in order to develop meanings to the work performed by nurses (Raup, 2008). These meetings should also allow a dual communication strategy to allow the bedside nurses to identify solutions to the problems according to the vision of the unit and hospital.

Empowering employees

Empowering nursing staff involves giving power to employees and enhancing their autonomy, participation and shared decision making (Bolman & Deal, 2008). It enhances job satisfaction, commitment, and prevention of burnout (Laschinger, Wong, & Greco, 2006). A transformational leader empowers the employees through individual consideration and stimulation. It enables an employee to indulge in shared decision making, fostering an environment of mutual governance and trust (Thyer, 2003). Empowerment improves productivity of the organizations through augmented efficacy of nurses and organization culture (Bolamn & Deal, 2008). Empowerment

enables nurses to be accountable for their decisions and practices. It will also allow them to resolve goal conflicts resulting in building strong teams (Machpee, Wardrop, & Campbell, 2010). Empowered staff nurses are able to balance their workloads with the expectations of the unit. They also create an environment of trust and feel rewarded as they believe that their values are congruent with the values of the organization. Empowering employees provide the autonomy to utilize their talents for the benefit of the organization; it disallows a focus on described rules and creates an environment for changes. Empowerment is vital as it prevents nurse burnout, nurse turnover and absenteeism (Greco, Laschinger, and Wong, 2006). Nurses are autonomous thinkers and have creative ideas which could be beneficial for organizational upliftment. Bedside nurses continuously engage in empowering the patients for decision making and making them autonomous for their self-care. However, disempowered are emotionally exhausted and are unable to empower the patients. Leadership, thus, plays an important role in empowering patients indirectly by making the nurses autonomous (McGuire & Kennerly, 2006). Leaders should be able to trust their employees and create an environment where the staff nurses should be allowed to present their views especially on the issues of roster making and selecting the level of patient area in ED (Sawatzky & Enns, 2012). Head nurses play an important role in empowering their staff members by creating a positive working environment of shared decision making (Anthony et al., 2005). The empowerment of nurses can be achieved through continuous education of bedside nurses and developing an environment for staff nurses to practice their knowledge and education on patients.

Leaders should make their employees independent, accountable, credible and responsible (Murphy, 2005). They should not intervene in all the tasks performed by the staff nurses but rather act as a constant guide for assistance of the nurses. A transformational leader practices empowerment by inducing challenging thoughts and scenarios to the employees. The employees can be forced to identify solutions to critical problems (Neilson et al., 2008); this act improves the self-worth of the employees as they realize the importance of their problem

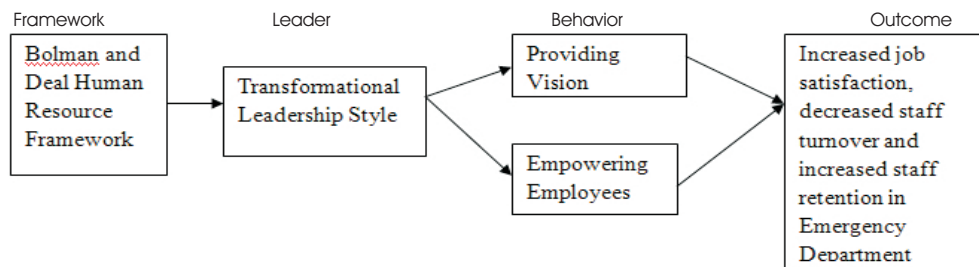


Figure 2. Change to Transformational Leadership and its effects

solving skills. To add on, this exercise allows the leader to develop trust among the employees which could be beneficial for the organization.

Another practice of empowerment is through recognition and appreciation of the employees for the work done and contributions made. The most important strategy of motivating and empowering employees is through appreciating their work and tasks. Transformational leaders also believe in converting negative events into positive lessons for the future.

The ED department in the private hospital is recommended to focus on empowering bedside nurses for increased participation in decision making especially regarding patient level management. It should focus on creating new and innovative learning opportunities for bedside nurses (Raup, 2008). Moreover, ED leaders and nurses need to create an environment of justice, fairness and motivation for optimal patient outcomes.

Recommendations

Historically, it was believed that leaders are born and cannot be created; however, modern writers and researchers deny this belief and suggest that leaders can be created via proper trainings and education. The traits of transformational leadership style can be acquired through proper trainings and practice within the health care setups. The characteristics required by leaders are divided into 5 categories: professional (flexibility, mentoring, team building), administrative (justice, patience, and self-belief), Process (good listener, excellent communication skills, believes in learning, admires changes), outcomes (patient satisfaction) and fiscal (monetary benefits to employees, Anthony et al., 2005).

Leadership development programs should be conducted in order to train the already employed leaders for improved

leadership skills and competencies (Cowden, Cummings, McGrath, 2011). Organizations should arrange specific leadership skills programs for its leaders to improve the quality of the institutions (Robbins & Davidhizar, 2007). However, organizations can fix requirements of certain educational qualifications for people to apply for managerial positions (Robbins & Davidhizar, 2007). Additionally, leadership courses should be made a part of curriculums being taught to undergraduate and graduate nurses (Robbins & Davidhizar, 2007).

Thus transformational leadership can be acquired through proper training and education – transformational leaders create pathways for staff nurses to develop the attributes of transformational leadership shown in Figure 2.

Conclusion

Staff retention in Emergency department is a very crucial issue and requires collaborative efforts of leaders in the organization to develop solutions. Autocratic and transactional leadership attributes account for a staff turnover in ED. However, recognizing human and transforming the leadership into transformational leadership suggest an innovative strategy to staff retention. Since leaders are the drivers of an organization, they are required to clarify the goals of an organization to the employees and empower them for improved outcomes in patient care. Transformational leadership style offers a promising solution to the growing problem of staff turnover in the emergency department of a private hospital.

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